

Appendix 8

Services Not Covered by Wisconsin Medicaid

The following specific services are not covered by Wisconsin Medicaid. This list is not all inclusive.

HFS 107.03 "Services not covered."

HFS 107.03, Wis. Admin. Code, defines "services not covered" under Wisconsin Medicaid to include the following:

- (1) Charges for telephone calls;
- (2) Charges for missed appointments;
- (3) Sales tax on items for resale;
- (4) Services provided by a particular provider that are considered experimental in nature;
- (5) Procedures considered by the department to be obsolete, inaccurate, unreliable, ineffectual, unnecessary, imprudent or superfluous;
- (6) Personal comfort items, such as radios, television sets and telephones, which do not contribute meaningfully to the treatment of an illness;
- (7) Alcoholic beverages, even if prescribed for remedial or therapeutic reasons;
- (8) Autopsies;
- (9) Any service requiring prior authorization for which prior authorization is denied, or for which prior authorization was not obtained prior to the provision of the service except in emergency circumstances;
- (10) Services subject to review and approval pursuant to s. 150.21, Stats., but which have not yet received approval;
- (11) Psychiatric examinations and evaluations ordered by a court following a person's conviction of a crime, pursuant to s. 972.15, Stats.;
- (12) Consultations between or among providers, except as specified in s. HFS 107.06 (4) (e);
- (13) Medical services for adult inmates of the correctional institutions listed in s. 53.01, Stats.;
- (14) Medical services for a child placed in a detention facility;
- (15) Expenditures for any service to an individual who is an inmate of a public institution or for any service to a person 21 to 64 years of age who is a resident of an institution for mental disease (IMD), unless the person is 21 years of age, was a resident of the IMD immediately prior to turning 21 and has been continuously a resident since then, except that expenditures for a service to an individual on convalescent leave from an IMD may be reimbursed by Wisconsin Medicaid.

(16) Services provided to recipients when outside the United States, except Canada or Mexico;

(17) Separate charges for the time involved in completing necessary forms, claims or reports;

(18) Services provided by a hospital or professional services provided to a hospital inpatient are not covered services unless billed separately as hospital services under s. HFS 107.08 or 107.13 (1) or as professional services under the appropriate provider type. No recipient may be billed for these services as noncovered;

(19) Services, drugs and items that are provided for the purpose of enhancing the prospects of fertility in males or females, including but not limited to the following:

(a) Artificial insemination, including but not limited to intra-cervical and intra-uterine insemination;

(b) Infertility counseling;

(c) Infertility testing, including but not limited to tubal patency, semen analysis or sperm evaluation;

(d) Reversal of female sterilization, including but not limited to tubouterine implantation, tubotubal anastomoses or fimbrioplasty;

(e) Fertility-enhancing drugs used for the treatment of infertility;

(f) Reversal of vasectomies;

(g) Office visits, consultations and other encounters to enhance the prospects of fertility; and

(h) Other fertility-enhancing services and items;

(20) Surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care;

(21) Ear lobe repair;

(22) Tattoo removal;

(23) Drugs, including hormone therapy, associated with transsexual surgery or medically unnecessary alteration of sexual anatomy or characteristics;

(24) Transsexual surgery;

(25) Impotence devices and services, including but not limited to penile prostheses and external devices and to insertion surgery and other related services; and

(26) Testicular prosthesis.

HFS 107.06(5) "Non-covered Services."

According to HFS 107.06 (5), Wis. Admin. Code, Wisconsin Medicaid defines the following "non-covered services":

Appendix 8 (continued)

(a) Services and items that are provided for the purpose of enhancing the prospects of fertility in males or females, within the meaning of s. HFS 107.03(19).

(b) Abortions performed which do not comply with s. 20.927, Stats.;

(c) Services performed by means of a telephone call between a physician and a recipient, including those in which the physician provides advice or instructions to or on behalf of a recipient, or between or among physicians on behalf of the recipient;

(d) As separate charges, preoperative and postoperative surgical care, including office visits for suture and cast removal, which commonly are included in the payment of the surgical procedure;

(e) As separate charges, transportation expenses incurred by a physician, to include but not limited to mileage;

(f) Dab's and Wynn's solution;

(g) Except as provided in sub. (3) (b) 1., a hysterectomy if it was performed solely for the purpose of rendering an individual permanently incapable of reproducing or, if there was more than one purpose to the procedure, it would not have been performed but for the purpose of rendering the individual permanently incapable of reproducing;

(h) Ear piercing;

(i) Electrolysis;

(j) Tattooing;

(k) Hair transplants;

(l) Vitamin C injections;

(m) Lincocin (lincomycin) injections performed on an outpatient basis;

(n) Orthopedic shoes and supportive devices such as arch supports, shoe inlays and pads;

(o) Services directed toward the care and correction of "flat feet";

(p) Sterilization of a mentally incompetent or institutionalized person, or of a person who is less than 21 years of age;

(q) Inpatient laboratory tests not ordered by a physician or other responsible practitioner, except in emergencies;

(r) Hospital care following admission on a Friday or Saturday, except for emergencies, accident care or obstetrical cases, unless the hospital can demonstrate to the satisfaction of the department that the hospital provides all of its services 7 days a week;

(s) Liver injections;

(t) Acupuncture;

(u) Phonocardiogram with interpretation and report;

(v) Vector cardiogram;

(w) Non-emergency gastric bypass or gastric stapling for obesity; and

(x) Separate charges for pump technician services.